MARYLAND STATE DEPARTMENT OF HEALTH

06854

6873

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Somerset; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne X
LENGTH OF STAY (In this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1 mile west of Princess Anne

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Westover
STREET ADDRESS (If rural, give location): Route 1 - Box 100

3. NAME OF DECEASED (Type or Print): (First) William (Middle) O. (Last) Bridges

4. DATE OF DEATH: (Month) July (Day) 24, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 9, 1906

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Chicken factory

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 120-09-7253

17. INFORMANT AND ADDRESS: Ida R. Craig - Westover, Md.-Rt.1 - Box 100

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound fracture of skull - 5 Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of left thigh and left arm.

(c) Internal injuries Car Accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fast driving Car failed to make curve -

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Road

(CITY OR TOWN) (COUNTY) (STATE): Princess Anne R.F.D. Somerset Md

TIME OF INJURY (Month) (Day) (Year) (Hour): July 24 1954 6 P m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Car Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): R.H. Owen M.D. Deputy Medical Examiner

ADDRESS: Princess Anne Md

DATE SIGNED: 7-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/28/54

NAME OF CEMETERY OR CREMATORY: Kingdon Hall

LOCATION (City, town, or county) (State): Marion Station Md

DATE REC'D BY LOCAL REG.: 7/27/54

REGISTRAR'S SIGNATURE: R.S. Johnson, M.D.

24. FUNERAL DIRECTOR: William H. James Jr

ADDRESS

RECEIVED
JUL 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06855

6874 CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne X
LENGTH OF STAY (in this place) Short time
HOSPITAL OR INSTITUTION OR STREET ADDRESS Enroute home X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fruitland 22X-2
STREET ADDRESS (If rural give location) St. Luke Road

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Washington (Last) Cannon

4. DATE OF DEATH: (Month) 7 - (Day) 20 - (Year) 1954

5. SEX: Male
6. COLOR OR RACE: A.A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: About 1915
9. AGE last birthday: About 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Princess Anne, Sometset Co
12. CITIZEN OF WHAT COUNTRY? Md. U.S.A.

13. FATHER'S NAME: Litt Cannon
14. MOTHER'S MAIDEN NAME: Millie Waters

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 218-05-8942
17. INFORMANT & ADDRESS: Mrs. Ethel Cannon, Fruitland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.2 (a) Angina Pectoris — Interval Between Onset And Death: 5 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20th, 1954, to July 20th, 1954, that I last saw the deceased alive on July 20th, 1954, and that death occurred at 3:00 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G. Marksman
ADDRESS Princess Anne Md
DATE SIGNED 7-23-54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 7-25-'54
NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
LOCATION (City, town, or county) (State) Fruitland, Wicomico Co. Md.

DATE REC'D BY LOCAL REGISTRAR 7/23/54
REGISTRAR'S SIGNATURE R. H. Johnson, M.D.

24. FUNERAL DIRECTOR Mary A. Stewart, 324 E. Church St., Salisbury, Md
ADDRESS

STEWART FUNERAL HOME

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06856

6875 CERTIFICATE OF DEATH Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Crisfield X
LENGTH OF STAY (in this place) 94 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Street X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural-Crisfield
STREET ADDRESS (If rural give location) St ate Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Daugherty

4. DATE OF DEATH: (Month) July (Day) 2, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: June 11, 1860

9. AGE last birthday: 94 yrs. IF UNDER 1 YEAR Months 0 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Moore

14. MOTHER'S MAIDEN NAME: Sally Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Sally Holland, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mesenteric Thrombosis DUE TO — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis DUE TO — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis. Cardiac Decompensation — 1 mo.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1954, to July 2, 1954, that I last saw the deceased alive on July 2, 1954, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. N. Barr M. D. Crisfield, Md. July 3, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 4, 1954 | NAME OF CEMETERY OR CREMATORY Asbury Cemetery | LOCATION (City, Town, or County) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 7/3/54 | REGISTRAR'S SIGNATURE Betty W. Tyler | 24. FUNERAL DIRECTOR ADDRESS Durward Q. Covington, Crisfield, Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1954
BUREAU V. S.

MARYLAND

06857

STATE DEPARTMETT OF HEALTH

6876

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield 31
MARYLAND — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Edw W McCready Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover
STREET ADDRESS (If rural, give location): R.F.D. X

3. NAME OF DECEASED (Type or Print): (First) William (Middle) B. (Last) Grunhold Jr.

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 13, 1891

9. AGE last birthday: 62 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Bardonia N. Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William B. Grunhold Sr.

14. MOTHER'S MAIDEN NAME: Julia Krell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or service): War I

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Mrs. Kate A. Wood Westover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cerebral Vascular Accident — Interval between onset and death: 18 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Congestive Heart Failure

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20, 1954, to 7/21, 1954, that I last saw the deceased alive on 7/21, 1954, and that death occurred at 3:10 P. m., from the causes and on the date stated above.

SIGNATURE: A. N. Barr (Degree or title): M.D. ADDRESS: Crisfield, Md. DATE SIGNED: 7/22/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: July 24, 1954

NAME OF CEMETERY OR CREMATORY: Manakin Cemetery

LOCATION (City, town, or county) (State): Princess Anne, Maryland

DATE REC'D BY LOCAL REG.: 7/23/54

REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Lewis R. Wilson ADDRESS: Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

I

RECEIVED
JUL 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06858

6877 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; LENGTH OF STAY (In this place) lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1 Box 123

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; STREET ADDRESS (If rural, give location) Route 1 - Box 123

3. NAME OF DECEASED (Type or Print): (First) Coston; (Middle); (Last) Handy

4. DATE OF DEATH: (Month) July; (Day) 8; (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 4, 1894

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Princess Anne, Md. (Mt. Vernon)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hansom Handy

14. MOTHER'S MAIDEN NAME: Mary Frances Cornish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.War I

16. SOCIAL SECURITY NO. 215-16-8352

17. INFORMANT AND ADDRESS Box 123: Hazel Mae Handy - Rt. 1 - Princess Anne, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 12 gauge shot gun Wound over — Interval Between Onset and Death: minute

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Area - penetrating chest

(c) Self inflicted

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Princess Anne R.F.D. (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 7-8-54 about 9 P m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Self inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: R.D. Johnson M.D. (Degree or title) Deputy Medical Examiner ADDRESS Princess Anne Md DATE SIGNED July 10-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 7/13/54 NAME OF CEMETERY OR CREMATORY: St. Paul Cem. (Mt. Vernon) LOCATION (City, town, or county) Princess Anne (State) Md.

DATE REC'D BY LOCAL REG. 7/10/54 REGISTRAR'S SIGNATURE R.D. Johnson, M.D.

24. FUNERAL DIRECTOR: William H. James Jr ADDRESS Princess Anne, Md

RECEIVED
JUL 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

6878 06859

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne — LENGTH OF STAY (in this place) lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1 - Box 123	STREET ADDRESS (If rural, give location) Route 1 - Box 123

3. NAME OF DECEASED (Type or Print) (First) Estella (Middle) (Last) Handy			4. DATE OF DEATH (Month) July (Day) 8, (Year) 1954		
5. SEX Female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Sept. 10, 1894	9. AGE last birthday 59 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY Canning Factory		11. BIRTHPLACE (State or foreign country) Princess Anne, Md. (Mt. Vernon)		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Bounds			14. MOTHER'S MAIDEN NAME Rachel Hall		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 219-07-5146		17. INFORMANT AND ADDRESS Box 123 Hazel Mae Handy - Rt. 1 - Princess Anne, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Bullet Wounds of Chest

Immediate cause (a) Shot with 22 Caliber rifle by husband — Minute

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) six bullets striking woman - Three

(c) bullets entering chest -

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Princess Anne R.I.D. (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 7-8-54 8:30 to 9:00 P m. INJURY OCCURRED While at work ☐ Not while at work ☑ HOW DID INJURY OCCUR? Gun shot wounds - Murder

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐*

SIGNATURE R. H. Johnson M.D. (Degree or title) Deputy Medical Examiner ADDRESS Princess Anne Md DATE SIGNED July 10-1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7/13/54	NAME OF CEMETERY OR CREMATORY St. Paul Cem. (Mt. Vernon)	LOCATION (City, town, or county) Princess Anne, Md. (State)
DATE REC'D BY LOCAL REG. 7/10/54	REGISTRAR'S SIGNATURE R. H. Johnson, M.D.	24. FUNERAL DIRECTOR William H James Jr	ADDRESS Princess Anne Md

JT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06860

6879

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Sta.
LENGTH OF STAY (in this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Sta., Md.
STREET ADDRESS (If rural give location) P.O. Box #1

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) M (Last) Hill

4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 1954

5. SEX: female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: oysters, tomatoes

10b. KIND OF BUSINESS OR INDUSTRY: factory

11. BIRTHPLACE (State or foreign country): Palmyra, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ben Jones

14. MOTHER'S MAIDEN NAME: Annie M. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-14-6800

17. INFORMANT & ADDRESS: John Hill - Marion, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: [illegible]

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetic Arteriosclerosis — [illegible]

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 19[illegible], to July 14, 19[illegible], that I last saw the deceased alive on July 14, 19[illegible] and that death occurred at 10:4[illegible] P.M. from the causes and on the date stated above.

SIGNATURE A. N. Barr (Degree or title) M. D. ADDRESS Chesfield, Maryland DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-17-54 NAME OF CEMETERY OR CREMATORY Branch Cemetery LOCATION (City, town, or county) Marion Sta. Som. Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-17-54 REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR George W. Tilghman ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 22 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06861

6880 CERTIFICATE OF DEATH Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
MARYLAND LENGTH OF STAY (in this place) 21
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital 70

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield
STREET ADDRESS (If rural give location) Calvary

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Ann (Last) Hundley

4. DATE OF DEATH: (Month) July (Day) 6, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: Jan. 6, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months 6 Days; IF UNDER 24 HRS Hours Min. 0

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Henry Sterling

14. MOTHER'S MAIDEN NAME: Dennis Sterling

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Roy Spires, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Acute Myocardial Failure pulmonary edema DUE TO 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Pulmonary Emphysema (Bronchiectasis) DUE TO 15 yrs -

(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954, to July 6, 1954, that I last saw the deceased alive on July 6, 1954 and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE Sarah M. Payton (Degree or title) M.D. ADDRESS Crisfield Md DATE SIGNED July 6 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 9, 1954 NAME OF CEMETERY OR CREMATORY Asbury Cemetery LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 7/19/54 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Durward Q. Covington, Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06862

6381

Item 7 film G168A 7/26/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Marion Station
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Josh (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH:

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Marion - Som. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James T. Johnson

14. MOTHER'S MAIDEN NAME: Mary Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Geo. W. Tilghman - Marion Sta. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of Liver — Interval Between Onset And Death: 2 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3, 1954, to 7/14, 1954, that I last saw the deceased alive on 7/13, 1954, and that death occurred at 1:50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Cevrie M. Bradford MD Pocomoke, Md 7/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF 7/18/54
NAME OF CEMETERY OR CREMATORY Library Cemetery
LOCATION (City, town, or county) (State) Marion - Som. Co. Md

DATE REC'D BY LOCAL REGISTRAR 7-17-54
REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR George W. Tilghman ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING

RECEIVED
JUL 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06863

6882 CERTIFICATE OF DEATH Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 37
STREET ADDRESS (If rural give location) Broadway

3. NAME OF DECEASED: (First) Infant (Middle) - (Last) Jones
4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ----
8. DATE OF BIRTH: July 27, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3 Min. 40
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): -----
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: George U. Jones
14. MOTHER'S MAIDEN NAME: Delia Ann Ward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -----
17. INFORMANT & ADDRESS: George U. Jones, Crisfield, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia — Interval Between Onset And Death: 3½ hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atelectasis

DUE TO

(c) Prematurity (7 mo. 4 lb.)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Breech Presentation; Primipara

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27 ..., 19 54, to 7/27 ..., 19 54, that I last saw the deceased alive on 7/27 ..., 19 54, and that death occurred at 6 00 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. N. Barr, M.D. ADDRESS Crisfield, Md. DATE SIGNED 7/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 28, 1954
NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery
LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR 7/28/54
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield, Md.

RECEIVED
AUG 4 1954
BUREAU V. S.

06864

MARYLAND 6883 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH
COUNTY: SOMERSET — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: W...TOVER MD. RT. I
LENGTH OF STAY (In this place): LIFE TIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTOVER MD
STREET ADDRESS (If rural, give location): RT I.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANDREW		JONES	7	I2	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
MALE	NEGRO	MARRIED	II/I6/I89I	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Oys. 3 Pio/31	Farming	Somerset [illegible]	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS JONES	CHAROLITT WHITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
4		HOWARD JONES - WESTOVER-RT I. - Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Interstital Nephritis Chronic	18 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 5, 1954 to July 12, 1954 that I last saw the deceased alive on July 12, 1954 and that death occurred at 11:00 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elbert G. Marrow M.D. ADDRESS: Princess Anne Md. DATE SIGNED: 7/16/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	7/18/54	STPAUL	REVELLNECK	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/16/54	R.L. Johnson, M.D.	William A. Jones Jr.	Princess Anne Md.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06865

6884

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 360

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Somerset — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eden X
   LENGTH OF STAY (In this place): 44 years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Somerset
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eden X
   STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Wesley (Last) Jones

4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 20, 1884

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Wesley Jones

14. MOTHER'S MAIDEN NAME: Indiana Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Ruby Pearl Jones - Eden, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Heart Disease — Interval between onset and death: Few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): R.S. Johnson M.D. Deputy Medical Examiner — ADDRESS: Princess Anne Md — DATE SIGNED: July 9-1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/11/54 | NAME OF CEMETERY OR CREMATORY: St. John's Cemetery | LOCATION (City, town, or county) (State): Fruitland, Maryland

DATE REC'D BY LOCAL REG. 7/9/54 | REGISTRAR'S SIGNATURE: R.S. Johnson, M.D. | 24. FUNERAL DIRECTOR ADDRESS: The Hill & Johnson Co. Salisbury, Md. George C. Hill II

RECEIVED
JUL 13 1954

MARYLAND STATE DEPARTMENT OF HEALTH

06866

6885

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 96 Antioch Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) 96 Antioch Avenue

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Justice
4. DATE OF DEATH (Month) July (Day) 7, (Year) 1954
5. SEX Male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH ?
9. AGE last birthday about 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Sandsoap
11. BIRTHPLACE (State or foreign country) Accomac Co., Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Not known
14. MOTHER'S MAIDEN NAME Not Known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Walter Maddox - Princess Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis with decompensation

(c) died while Autop. early morning 7-7-54

INTERVAL BETWEEN ONSET AND DEATH: 3 Several years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE R. H. Johnson M.D. (Degree or title) Assistant Deputy Medical Examiner. ADDRESS Princess Anne Md DATE SIGNED July 9-1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 11, 1954
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) (State) Princess Anne, Maryland
DATE REC'D BY LOCAL REG. 7/9/54
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. JT
24. FUNERAL DIRECTOR William H. James Jr. ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06867

C386 CERTIFICATE OF DEATH Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield
LENGTH OF STAY (in this place) 66 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield
STREET ADDRESS (If rural give location) Lawsonia

3. NAME OF DECEASED: (Type or Print) William (First) Oscar (Middle) Lawson (Last)

4. DATE OF DEATH: (Month) July (Day) 4, (Year) 19 54

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 22, 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months 10 Days 12 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Crisfield, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James P. Lawson

14. MOTHER'S MAIDEN NAME: Malissa Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: 213-12-5987

17. INFORMANT & ADDRESS: (wife) Nora B. Lawson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 12 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 19 52 to July, 19 54 that I last saw the deceased alive on June 29, 1954, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE C S Rawley (Degree or title) M D. ADDRESS Crisfield, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 7, 1954 NAME OF CEMETERY OR CREMATORY Lawson Family Plot LOCATION (City, town, or county) Lawsonia, Crisfield, Md (State)

DATE REC'D BY LOCAL REGISTRAR 7/6/54 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Durward O. Covington. F. D. Crisfield, Md.

VS. A15

RECEIVED
JUL 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06868

C869 CERTIFICATE OF DEATH Reg. Dist. No. 26.5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 29
LENGTH OF STAY (in this place) 26 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 East Chesapeake Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) 4 East Chesapeake Avenue

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Alfred (Last) McClenahan

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 24, 1907

9. AGE Last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Newspaper work

10b. KIND OF BUSINESS OR INDUSTRY: Associate Editor

11. BIRTHPLACE (State or foreign country): Port Deposit, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Charles McClenahan

14. MOTHER'S MAIDEN NAME: Mary Everest

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.II

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Dorthy McClenahan, Crisfield, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease (Occlusion)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c) DUE TO

Interval Between Onset And Death

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural

PLACE OF INJURY (Home, farm, factory, street, etc.) Home (CITY OR TOWN) Crisfield (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to 19 , that I last saw the deceased alive on , and that death occurred at m. on the date stated above. Died before I was called. from the causes

SIGNATURE (Degree or Title) Wm H Coulbourn MD ADDRESS Crisfield Md DATE SIGNED 7-30-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 31, 1954 NAME OF CEMETERY OR CREMATORY Sunny Ridge Cemetery LOCATION (City, town, or county) (State) Crisfield, Maryland, Rural ADDRESS

DATE REC'D BY LOCAL REGISTRAR 7/31/54 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, Crisfield, Md.

VS. A15

RECEIVED
AUG 4 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06869

6870 CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Type correct are is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
MARYLAND
LENGTH OF STAY (in this place) 29 | Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Laura (Last) Tawes

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Nov. 4th 1869 | 9. AGE last birthday: 84 yrs. | IF UNDER 1 YEAR Months 8 Days | IF UNDER 24 HRS. Hours Min. 15

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Somerset County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas H. Ward
14. MOTHER'S MAIDEN NAME: Susan Thomas Ward

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: Orrie L. Tawes.Jr..Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) Cerebral Arteriosclerosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: —

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paget's Disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1954, to July 19, 1954, that I last saw the deceased alive on July 19, 1954, and that death occurred at 1:30 p.m., from the causes and on the date stated above.
SIGNATURE Samuel M Peyton (Degree or title) M.D ADDRESS Crisfield Md DATE SIGNED 7/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July-21.1954 | NAME OF CEMETERY OR CREMATORY Asbury | LOCATION (City, town, or county) Crisfield, (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/20/54 | REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Durward Q. Covington ADDRESS CrisfieldMd

VS. A15

RECEIVED
JUL 22 1874
BUREAU V. S.

06870

6887 **MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: R.F.D. Marion (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? All Life time

Hospital, institution, or street address where death occurred: Dead when he arrived at

How long in hospital or institution? McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Marion Station (If outside city or town limits, write RURAL and give nearest town)

Street No.: on Branch (If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: Louis Henry Turpin

3.(b) Social Security Number: 220-32-0266

4. Sex: Male | 5. Color or race: Black | 6. (a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: none

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): December 9-1935

8. AGE: Years 18 Months 7 Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Marion Station Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: on Farm

MOTHER FATHER

12. Name: Isaac J. Turpin

13. Birthplace: Marion Sta. Md

14. Maiden name: Flossie S. Sterling

15. Birthplace: Marion Station Md

16. Informant: Isaac James Turpin

Address: Marion Station Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 13, 1954 (month) (day) (year)

Cemetery or crematory: Mt. Pier Cemetery

Location: Marion Sta. Md

18. Funeral director: George W. Tilghman

Address: Marion Sta. Md

19. July 10, 1954 (Date rec'd by registrar) Julie D. Payne (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 9, 1954, at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Dead when I saw him and that I last saw him alive on ..... 19.....

Immediate cause of death: Accidental Death Hit by auto Cause Fractured Skull - Both Legs Fractured between Knees & ankles Road Burns on Body

Due to: Face & Shock

Other conditions: (Include pregnancy within 3 months of death)

Major findings of operation: Date of op.

Autopsy results

DURATION

William H. Coulbourn M.D. DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide or homicide: Accident Date of 7/9/54

Where did injury occur? R.F.D. Marion (City or town) Som. (County) Md (State)

Injured at home, farm, industry, public place (where?): Route 413

Means of injury: Hit by Auto Injured at work? No

23. SIGNATURE: Wm. H. Coulbourn M.D. M.D. or other

Address: Crisfield, Md Date signed: 7/10/54

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06871

6871 CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield; LENGTH OF STAY (in this place) lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacksonville Section

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield; STREET ADDRESS (If rural give location) Jacksonville Section

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) VIRGINIA (Last) WARD

4. DATE OF DEATH: (Month) July (Day) 6, (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Dec. 8, 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Ward

14. MOTHER'S MAIDEN NAME: Sarah Laird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: ———

17. INFORMANT & ADDRESS: LeRoy Ward—Jacksonville Rd.--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 1 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis — 2

DUE TO

(c) Diabetes Mellitus — 3

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1954, to July 6, 1954, that I last saw the deceased alive on July 6, 1954, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

SIGNATURE Sarah M. Payton (Degree or title) M.D ADDRESS Crisfield DATE SIGNED 7/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATH THEREOF July 9, 1954 | NAME OF CEMETERY OR CREMATORY Crisfield Cemetery | LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 7/9/54 | REGISTRAR'S SIGNATURE Betty W. Tyler | 24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield, Md.

VS. A15

RECEIVED
JUL 1[illegible]
BUREAU V. S.

06872

MARYLAND — STATE DEPARTMETT OF HEALTH

6888

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: X
2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Somerset — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairmount
   STREET ADDRESS (If rural, give location):
3. NAME OF DECEASED (Type or Print) (First) Caroline (Middle) Virginia (Last) Webb
4. DATE OF DEATH (Month) July (Day) 12 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 18, 1888
9. AGE last birthday: 65 yrs. If under 1 year: Months 1, Days 24; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Scott Shelton
14. MOTHER'S MAIDEN NAME: Jeanette Cox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: George Webb Fairmount Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 422.1 Coronary Thrombosis — 11 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to July, 1954, that I last saw the deceased alive on July 12, 1954, and that death occurred at 6:55 P.m., from the causes and on the date stated above.

SIGNATURE: B. Frank Gigantino (Degree or title) ADDRESS: Princess Anne DATE SIGNED: July 13, 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: July 15, 1954
NAME OF CEMETERY OR CREMATORY: Muirs Cemetery
LOCATION (City, town, or county): Fairmount (State): Md

DATE REC'D BY LOCAL REG.: 7/13/54
REGISTRAR'S SIGNATURE: R. H. Johnson, M.D.
24. FUNERAL DIRECTOR: Harry B. Miles Upper Fairmount Md
ADDRESS:

MARGIN RESERVED FOR BINDING

1

RECEIVED
JUL 14 1954
BUREAU V. S.

06873

MARYLAND — **STATE DEPARTMETT OF HEALTH**

6889

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY SOMERSET — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DAMES QUARTER — LENGTH OF STAY (in this place) LIFE TIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DAMES QUAETER
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) STELLA (Middle) (Last) WHITE

4. DATE OF DEATH: (Month) 7 (Day) I2 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 6/9/I89I

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): self employed

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): DAMES QUARTER MD. SOMERSET USA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ALFRED WHITE

14. MOTHER'S MAIDEN NAME: MARGARET DASHIELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: ISSIOURE WHITE - DAMES QUARTER, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — Interval Between Onset and Death: 4 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1954, to July 12, 1954, that I last saw the deceased alive on July 10, 1954, and that death occurred at 11 00 p.m., from the causes and on the date stated above.

SIGNATURE Elder L. Marksman (Degree or title) ADDRESS Princess Anne DATE SIGNED 7.16.54

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE: 7/I8/54 — NAME OF CEMETERY OR CREMATORY: MANODONIA — LOCATION (City, town, or county) (State): DAMES QUARTER, MD.

DATE REC'D BY LOCAL REG. 7/16/54 — REGISTRAR'S SIGNATURE R. H. Johnson, M.D. — 24. FUNERAL DIRECTOR: William A. Jones Jr. — ADDRESS: Princess Anne Md

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06874

6890

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kingston X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ELIZA (Middle) KING (Last) WILKENS

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1954

5. SEX: RACE: colored
6. COLOR OR RACE: SEX: female
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Dec. 25,1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Tomato Canning
11. BIRTHPLACE (State or foreign country): Fairmount, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George King
14. MOTHER'S MAIDEN NAME: Jennie Miles

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Nora Wilkens—Kingston, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis — Interval Between Onset And Death: unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Gen. arteriosclerosis — 5 yrs +

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14, 1954, to 7/19, 1954, that I last saw the deceased alive on 7/18, 1954, and that death occurred at 5 30 a.m. from the causes and on the date stated above.

SIGNATURE Robert F. Lewis (Degree or title) M.D. ADDRESS Crisfield, Md. DATE SIGNED 7/20/54.

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF July 22,1954
NAME OF CEMETERY OR CREMATORY Waters Chapel Cemetery
LOCATION (City, town, or county) (State) Kingston, Md.

DATE REC'D BY LOCAL REGISTRAR 7/22/54
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors-Crisfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06875

6872 CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crisfield; LENGTH OF STAY (in this place) 39; HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacksonville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 39; STREET ADDRESS (If rural give location) Jacksonville Road

3. NAME OF DECEASED: (First) Alice (Middle) Carmelia (Last) Wilson

4. DATE OF DEATH: (Month) July (Day) 31, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: October 9, 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months 9 Days 22; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Lawson

14. MOTHER'S MAIDEN NAME: Sarah Sterling

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-10-4450

17. INFORMANT & ADDRESS: Sarah Hoffman Crisfield, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X

Immediate cause (a) Hemiplegia (Cerebral Hemorrhage) — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis — 2 yrs

DUE TO

(c) Diabetes Mellitus — 5 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1954, to July 31, 1954, that I last saw the deceased alive on July 31, 1954 and that death occurred at 10:30 AM from the causes and on the date stated above.

SIGNATURE Sarah M. Peyton (Degree or title) M.D. ADDRESS Crisfield Md DATE SIGNED July 31, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF August 2 1954; NAME OF CEMETERY OR CREMATORY Sunny Ridge; LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR 8/2/54; REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Durward Q. Covington, ADDRESS Crisfield, Md.

RECEIVED
AUG 4 1954
BUREAU V. S.